

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040059

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5618 STATE FILE NUMBER

FILED NOV 4 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		d. STREET ADDRESS (If outside, give location) 3801 Walnut Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) KRISTIAN MORTENSEN		4. DATE OF DEATH Month Oct. Day 14 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-15-1899
9. AGE (last birthday) 64		10. IF UNDER 1 YEAR Months 6 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor - Dickey Clay Co.		10b. KIND OF BUSINESS OR INDUSTRY Denmark	
11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Astrid Mortensen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Herman Cortez Webster, Texas	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis & acute myocardial infarction DUE TO (b) Previous infarct due to old coronary attack DUE TO (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gravid atonal diabetes & atonal hypertension		INTERVAL BETWEEN ONSET AND DEATH Sudden Years ago Years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from May 1, 1962 to Oct 14, 1963 and last saw him alive on Oct 14, 1963 Death occurred at 10:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS 6014 Union Rd. Mission, Kansas	
22c. DATE SIGNED Oct 15, 1963		23. LOCATION (City, town, & county) (State) Kansas City, Mo.	
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE 10-17-63	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. DATE RECD. BY LOCAL REG. 10-17-63	
24. FUNERAL DIRECTOR Freeman Mortuary		25. REGISTRAR'S SIGNATURE Bessie Smith	

DOCUMENT

MEDICAL CERTIFICATION

Chas. Johnson

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59
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DR. CHARLES JOHNSON

6014 Mission Rd.

3035

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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